

DIRECT PAYMENT AUTHORIZATION FORM - BETHLEHEM UNITED CHURCH OF CHRIST

FOR OFFICE USE ONLY	ENVELOPE/DONOR#	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City	State	Zip
Email Address		
DATE OF FIRST DONATION: ____/____/____	Credit/Debit Date of Donation <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15 th Checking/Savings are debited the 4 th Tuesday of each month.	FUNDS: <input type="checkbox"/> General Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Other _____ \$ _____ Total from above \$ _____
CHECKING/SAVINGS - Please debit my donation from my (check one)		
<input type="checkbox"/> Checking Account Financial Institution: _____ Routing Number: _____ Account Number: _____	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) Financial Institution: _____ Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____	
I authorize the above organization to process debit entries to my account. I understand that this authorization will remain in effect until I provide reasonable notification to terminate the authorization.		
Authorized Signature: _____		Date: _____
CREDIT /DEBIT CARD		
Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
Card Number: _____	Expiration Date _____	
Name on Card: _____		
Billing Address (if different from above): _____		
I authorize the above organization to process transactions in accordance with the information above. I understand that this authorization will remain in effect until I provide reasonable notification to terminate the authorization.		
Signature (as it appears on the card): _____		Date: _____

Deliver this form to the Parish Administrator at the Bethlehem church office
 423 S. Fourth Avenue, Ann Arbor, MI 48104. DO NOT EMAIL THIS FORM.